

# FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER

Attorney's Docket No:  
A-401D

Serial No. 08/866,354 Filing Date May 30, 1997 Examiner Robert C. Hayes, PhD Group Art Unit 1647

In Re Application of  
Fox et al.

For  
Neurotrophic Factor Receptor

TO THE COMMISSIONER FOR PATENTS

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)
- ☐ Two months of original due date (\$420.00)
- ☒ Three months of original due date (\$950.00)
- ☐ Four months of original due date (\$1,480.00)
- ☐ Five months of original due date (\$2,010.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☒ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

## CLAIMS AS AMENDED

| (1)   | (2)<br>Claims remaining<br>After amendment | (3)   | (4)<br>Highest number<br>Previously paid for | (5)<br>No. of Extra<br>claims present | (6)<br>Rate | (7)<br>Additional<br>Fee |
|---|--|-------|--|---------------------------------------|-------------|--------------------------|
| Total Claims  | 21   | Minus | 22 =   | 0                                     | x \$18      | = \$ 0.00                |
| Indep. Claims   | 5  | Minus | 5 =  | 0                                     | x \$86      | = 0.00                   |
| <input type="checkbox"/> First Appearance of a multiple dependent claim |  |       |  |                                       | + \$290     | = 0.00                   |
| Total Additional Fee for this Amendment                                 |  |       |  |                                       |             | \$0.00                   |

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☒ The following other fees are incurred by the accompanying papers.

☒ Other: Notice of Appeal

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 950.00. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/RLS  
Dept. 4300, M/S 27-4-A  
AMGEN INC.  
One Amgen Center Drive  
Thousand Oaks, California 91320-1799

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Date: November 20, 2003

## EXPRESS MAIL CERTIFICATE

\*Express Mail\* mail labeling number: EL360692240US

Date of Deposit: November 20, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

S. St. Andrew  
Printed Name

S. St. Andrew  
Signature